

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13778

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1490

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 Days  
(Specify whether  
In this community 67 Years Near Olathe  
years, months or days)

8. (a) PRINT FULL NAME Mrs. Elizabeth Grant Plummer

8. (b) If veteran, name war None 8. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frederick D. Plummer 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 4 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 1 0 hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name William Doty

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unk. Stains  
(City, town, or county) (State or foreign country)

15. Birthplace Unk.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold E. Asham

(b) Address 3034 Garfield Ave. K.C. Mo.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) April 5, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Olathe, Kansas (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route #1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1940 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 1-39  
to Apr 4, 1940  
that I last saw her alive on Apr 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia Duration

Due to HI

Due to HI

Other conditions Carcinoma of Colon  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of Injury 1

23. Signature E. H. Newcomer (M. D. or other)

Address 311 Argyle Bldg Date signed 4/5/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. F.C. Rumm  
311 Argyle Bldg  
12-5-30

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*C. Harvey Quisenberry*

Licensed Embalmer No. *40700*

P. O. Address *B. C. Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**